Inside Child Care

Winter 2001

UTILIZATION OF TECHNOLOGY INDIANA BUREAU OF CHILD DEVELOPMENT

Web-based Care Finder: www.carefinderindiana.org

A web-site has been developed that enables families on the Child Care and Development Fund program to locate suitable and convenient child care. This site is scheduled to go on-line in the first quarter of 2001. Visitors to the site can locate the closest licensed child care providers, find the local voucher agent and obtain information on the licensing status of a provider.

In locating a convenient provider, the parent selects the mileage from any address in Indiana to search. The search returns the name, address, phone number and distance of all licensed providers that are located within the search area. Also, a map of the area is displayed with a marker graphically indicating the location of each provider. The parent can then obtain door-to-door directions to any of the providers.

In a similar fashion, the parent can locate the county Voucher Agent. Contact information and door-to-door directions are also available.

The parent can also view licensing information on any of the licensed providers. The website is integrated with the Bureau of Child Development Licensing Division database to provide the parent with up-to-date information on a provider's current license status, inspection history and various features offered to the public.

The website will be made available to families at each voucher agent's site to use at any time to search for a care provider. For those with access to the web, this website is available 24 hours a day, seven days a week.

With a host of licensing information, detailed directions to each provider's facility and an unrestricted number of choices available for review, this website is expected to complement the services that are currently offered by resource and referral agencies to Indiana families. With this additional information, parents have the ability to make better informed decisions when choosing a child care provider.

IN THIS ISSUE:

Parent Helpline
1-888-463-5473

Provider Information
1-877-511-1144

Institutional Abuse Hotline
1-800-562-2407

State of Indiana • Frank O'Bannon, Governor • Division of Family & Children • Bureau of Child Development

CHILD CARE HOME CORNER

Release of Children

There have been many questions around the topic of who child care home providers can release children to. It all boils down to a question of what legal documents say about the child being released.

In child care homes we use the certificate of live birth to determine whom the "legal parents" are. Other documents that might be used are court documents indicating adoption or other guardian or custodial rights.

As a licensed child care home provider it is your responsibility to ensure that children are released only to custodial parents or guardians. Any question as to whom is the custodial parent or guardian should be resolved by legal court documentation.

Also as a reminder, State law as listed at Indiana Code 12-17.2-5-17 allows unscheduled visits by a custodial parent or guardian any time the child care home is in operation. Parents that drop in unexpectedly can assess the quality of the program and feel better about leaving their child in your care. If you have any questions about releasing the children in your child care home, contact your licensing specialist or Anita R. Smith at 317-233-1660.

Licensed child care centers also follow this same philosophy.

Bureau of Child Development Policy Development Process

The Bureau of Child Development has established new procedures regarding the establishment of Bureau policy related to childcare. The procedures are designed to ensure that all policy positions represent input from all stakeholders that participate in the development, implementation and evaluation of early childhood education programs.

The identification of issues related to the health and well-being of young children participating in early childhood education programs can occur both internal to and externally of the Bureau. Once the issues are identified, input will be gathered from stakeholders that include Step Ahead Councils, fiscal agents, providers, families, advocacy groups and state agency partners.

Bureau staff and the Program Review Team will draft a preliminary policy statement. The statement will **be posted on the Bureau website on the first Monday of the month for a thirty day public comment period.** The document will also be available from the Bureau for those individuals unable to access the web.

The program review team will review all comments and make necessary revisions to the policy statement. The revised document will be re-posted for an additional thirty days along with a synthesis of the comments and the Bureau's response. Stakeholders will have one final opportunity for input. Following that final review, the policy statement will be posted on the web and will be effective 60 days after the final posting.

Training and technical assistance will be available as part of policy implementation through state and regional meetings, trainings and written materials.

New Web site coming soon:

www.state.in.us/fssa/children/dfc/index.html

Indiana Child Care Development Specialist (CCDS) Apprenticeship Project

BE PART OF SOMETHING NEW!

The Child Care Development Specialist (CCDS) Registered Apprenticeship Project is excited to announce it has selected 21 pilot sites to launch the project. The Related Theory Instruction pilot sites — all high schools and colleges — will coordinate classes and on the job training for CCDS apprentices. "The goal is to develop a model program with standardized, articulated credit," said CCDS Program Coordinator Peggy Apple. Apple said a special effort was made to make sure the pilot sites are located throughout the state. "We want people from diverse communities involved in project development, in order to create a program that will be valuable to Indiana's early care and education profession," she said.

Early childhood programs that want to serve as job sites must register with the Bureau of Apprenticeship and Training, which is part of the Department of Labor. The job sites agree to assign a mentor/journeyperson to work with the apprentice. They also agree to provide wage increases as the apprentice increases his/her skill level. Cornerstone Childcare in Clarksville is the first job site registered with the program. "We have a career ladder in our early childhood program that encourages our teachers to attain their CDA," said Carolyn Rife, Cornerstone's director of children's services. "This program fits well with what we are already doing. Caregiver's are the most important elements we have to help our kids. It's important for them to get as much training and experience as possible. It makes them feel better; it helps our kids and it helps our families." Rife said that four of her staff members would register as apprentices.

"And when they are certified, we plan to have them serve as mentors/journeypersons for the next group. Eventually we want to expand to include more people in the community in this program."

Apprentices will take early childhood education classes at the pilot sites and will participate in on-the-job training at child care centers that are registered with the Bureau of Apprenticeship and Training. Once apprentices successfully complete 18 credit hours of courses and 4,000 hours of training, they will receive a CCDS Registered Apprenticeship Certificate from the U.S. Department of Labor. They will also be at Level III on the IPDS career lattice and be better qualified to work with children. "Childcare workers are underpaid and under-appreciated," said Maureen Brustkern, a pilot-site coordinator with Ivy Tech Richmond. "I feel this program combines instruction with practical experience, which increases the skills and professionalism of the apprentice. And that will be good for the kids."

The 18-month CCDS Apprenticeship Project is funded by a $349,000 U.S. Department of Labor grant and is one of the first 11 states to receive funding. The Indiana Department of Education serves as the fiscal agent and has contracted with Indiana Professional Development System (IPDS) to implement the project through June 2001. Contact Peggy Apple, Project Coordinator, at 1-877-409-CCDS for additional information.

CCDS Child Care Development Specialist Apprenticeship Program

COLLABORATIVE PARTNERS of the CCDS Apprenticeship Project

Indiana Department of Education, Office of Career and Technical Education
United States Department of Labor, Bureau of Apprenticeship and Training
Family Social Services Administration
Department of Workforce Development
Great Lakes Head Start Quality Network
Indiana Association for Child Care Resource and Referral
Indiana Association for the Education of Young Children/T.E.A.C.H.
Indiana Head Start Association
Indiana Professional Development System for Educators of Young Children
Cinergy Corporate Mentor Initiative
Day Nursery Association
Elkhart Area Career Center
Kids Crossing Child Care Services
Indiana Commission for Higher Education
Ivy Tech State College
University of Southern Indiana

CCDS Apprenticeship Project Related Theory Pilot Sites

Anderson – Ebbert Education Center
Bedford – North Lawrence Area Vocational Technical Center
Columbus – Columbus North High School
Elkhart – Elkhart Career Center
Evansville – Community College of Indiana
Fort Wayne – Ivy Tech State College and Anthis Career Center
Gary – Community College of Indiana
Hammond – Purdue University, Calumet
Indianapolis – Community College of Indiana, J. Everett Light Career Center and Lawrence Central High School
Jeffersonville – Jeffersonville High School
Lafayette – Community College of Indiana
Logansport – Ivy Tech State College
Muncie – Ivy Tech State College
Plainfield – Plainfield High School
Portage – Porter County Vocational Education Center
Richmond – Ivy Tech State College
South Bend – Ivy Tech State College and Washington High School

OUTDOOR PLAY IN WINTER WEATHER:
HAPPIER, HEALTHIER CHILDREN

Well children and children recovering from ear infections and respiratory illnesses can and should go outdoors in cold weather at least for brief periods. Playing outdoors in cold wintry weather does not cause illness in children. Colds, flu and illness are caused by viruses and bacteria. Ear infections are caused by bacteria growing in trapped mucus in nasal and inner ear passages. Children confined in warm, stuffy rooms with several other children have greater exposure to germs causing sickness.

Frequent exposure to fresh air, exercise and sunshine increases a child's general fitness and resistance to infections. During active play outdoors, the viruses and bacteria are dispersed into a larger, more mobile air space **decreasing** the risk of spread to others. In addition, physical activity increases the air exchange in children's lungs and improves blood flow through the body giving germs shorter contact with respiratory surfaces.

If weather is very cold, use more frequent but shorter outdoor playtime. Limit the time outside to 5-20 minutes at a time and dress children warmly. Most body heat escapes through the top of the head, so a hat will keep a child warmer in very cold weather. Layered clothing traps warm air from body heat and provides greater warmth than one heavy layer. If the temperature, including wind chill factor, is lower than 25° F, children should not be taken outdoors for play.

Hint: Remove germ laden air while children are outside by opening room windows for fresh air ventilation.

COLD INJURY PREVENTION

With the changing of the seasons in Indiana, adults have a tendency to be over cautious during the winter months in regards to outdoor play for children. We are often asked, "Can children play outside when the weather turns cold?" With a few simple safety tips the answer is

YES.

- Know the current outdoor temperature and wind speed (Wind Chill Factor (WCF). If the outdoor temperature and WCF is above 25 degrees F., then children should be allowed to play outdoors when dressed appropriately.
- Dress children in layers of clothing, avoiding constrictive outer wear.
- Have them wear mittens instead of gloves.
- Cover their heads (most body heat is lost through the head).
- Thick socks and boots should be worn.
- Encourage parents to bring extra dry clothing so the child can change after playing outdoors (sweaty clothing may cause cold injuries such as hypothermia).
- Be aware of the child's current health status. Illnesses such as colds, flu, and/or other upper respiratory distresses can worsen due to a depressed immune system.
- Know the signs and symptoms of cold injuries:

1. **First degree frost bite (Frost Nip)** - Numbed skin that has turned pale in color, may be stiff to the touch, but the tissue under the skin is still warm and soft.
2. **Second degree (Superficial Frostbite)** - The skin will pale in color or blue and will feel hard and frozen. Blistering is likely and medical treatment is necessary.
3. **Third degree frostbite (Deep Frostbite)** - The skin is pale, blotchy and/or blue. The tissue underneath is hard and cold to the touch. Immediate medical attention is necessary.

SUDDEN WARMING OF THE SKIN CAN CAUSE SKIN CELLS TO RUPTURE. NEVER USE RUNNING WATER TO "QUICK" THAW A COLD HAND AND/OR FOOT.

Carefree planning and understanding is all it takes to protect any child from serious cold injuries while enjoying the outdoors. Jack Frost may nip at their nose, but if it's properly covered they'll never know.

Heated indoor air in closed rooms may be germ laden. Active play outdoors encourages fresh air exchange in children's lungs. Air out the classrooms while children are outdoors to decrease infection spread in the center.

FAMILY PARTNERSHIP – A CORNERSTONE OF HEAD START PROGRAMS

Second in a series about Head Start

Donna Hogle – Indiana-Head Start Partnership Coordinator

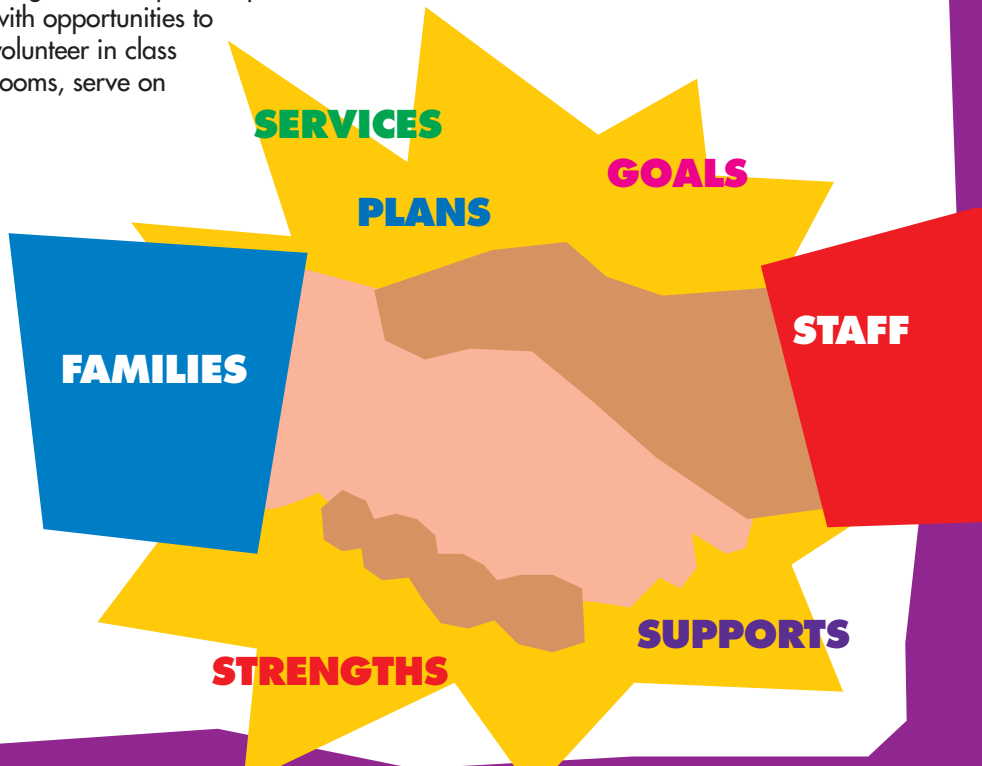
Head Start programs have long recognized the importance of the family's role in a child's life Program staff work hard to establish mutual trust with family members in order to enhance this role of the family.Over the last 35 years programs have offered many opportunities designed to encourage parent and family involvement. Head Start staff meet with parents in many locations such as in their homes, in centers, or in various community locations.

The current national Head Start Performance Standards identify some specific areas that both Early Head Start and Head Start programs must carry out in order to promote family partnership. These are:

- Staff and families working together to develop individual Family Partnership Agreements. The agreements are based on identified family goals, strengths, and needed services and supports, identifying the roles that staff and families will play regarding the goals, and building these plans on any pre-existing family plans and goals;
- Staff working together with parents to identify and access services and resources that assist in supporting or resolving the family's interests and goals;
- Programs providing opportunities for parents to enhance their own parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children. The idea of parents as children's first and most important teachers is central to Head Start's philosophy of working with families.
- Staff parents to participate in medical, dental, nutrition, and mental health education programs provided by the program or community agencies;
- Programs providing opportunities for parents and children to participate in family literacy services, either directly or through referrals to other local agencies;
- Staff assisting pregnant women in the Early Head Start program to access, through referrals, a system of prenatal education including fetal development, labor and delivery, postpartum care, and benefits of breast-feeding; and
- Program staff assisting parents in becoming their child's advocate with schools and other community agencies by:
  - providing a staff-parent meeting at the end of a child's enrollment to discuss the child's progress;
  - providing education and training to parents to prepare them to exercise their rights and responsibilities concerning their child's education, and
  - assisting parents to communicate with teachers.

The Early Head Start/Head Start programs also provide parents with opportunities to volunteer in class rooms, serve on policy making groups; and, with appropriate training, work as paid staff in classrooms.

Like the chair without a missing leg, the Early Head Start/Head Start program without the family as a partner will not work as effectively as it was designed. If you would like more information about the family activities of you local Early Head Start or Head Start program, give them a call.



WHY DO WE NEED TO BE CONCERNED ABOUT LEAD POISONING IN HOOSIER CHILDREN?

Cathy Nordholm, M.S., CFRM
Director, Indiana Childhood Lead Poisoning Prevention Program
Indiana State Department of Health

Lead poisoning is a silent threat to children, producing damage without sudden and dramatic symptoms in its early stages. Lead is everywhere – in our homes, our soil, our workplaces, and even in our food and water. The majority of childhood lead poisoning occurs at home. While it is true that many children are poisoned by eating paint chips (they taste sweet) most children are poisoned by invisible lead dust created when lead paint deteriorates from age, is exposed to the elements, is damaged by water, is exposed by friction, or during home renovation.

What is lead poisoning and how does it cause damage in young children? Simply put, lead poisoning is the presence of too much lead in the body, which normally should contain no lead. The level of lead exposure in children is determined by measuring concentrations of lead in the blood. These levels are stated scientifically as micrograms of lead per deciliter of whole blood, or ug/dL. Exposure to lead adds up over time, accumulating a lead burden in the body. Lead enters the body largely through ingestion or inhalation.

Lead poisoning can have serious and long-term effects. Young children are more vulnerable to lead poisoning because they are more likely to be exposed, and the young developing brain is more susceptible to lead toxicity. Children absorb lead at a much greater rate than adults. Between the ages of 6 months and 4 years, children are most likely to engage in the hand-to-mouth behavior that exposes their bodies to lead.

The symptoms of lead poisoning can be mistaken for other childhood illnesses or can be attributed to other causes, such as poor diet, lead poisoning is often not suspected initially. Children may have lead poisoning without feeling or looking sick, or they may have symptoms such as headaches, irritability, tiredness, lack of appetite, vomiting, stomach aches, lack of muscle control, or convulsions, which may mimic other illnesses.

From 1994- 1999, 185,000 Indiana children under age six were screened for elevated blood lead levels. Of these children, 8.2% had blood lead levels of 10 ug/dL, the level at which permanent damage begins. Lead poisoning in Indiana disproportionately impacts urban, low-income, and minority children who live in older housing or historical housing. It appears that most middle-class, suburban children are lead poisoned due to renovation repainting projects in their homes, by workers or their own parents who simply do not know safe practices for working with lead-based paint on older homes.

A WISE HEALTH TIP, HAVE YOUR CHILD TESTED FOR LEAD POISONING!

SIDS

REMEMBER: PUT BABIES "BACK TO SLEEP"

Study says 20 percent of SIDS cases occur in daycare.

CHICAGO (AP) - A significant number of crib deaths occur in daycare, where caretakers may be less likely to have heard about the importance of putting babies to sleep on their backs, new research suggests. In a study of 1,916 SIDS cases in 11 states, researchers found that about 20 percent - 391 deaths - occurred in daycare settings.

Sixty percent of the daycare deaths occurred in home daycare, which tend to be unlicensed and run by older women with less access to pediatricians and others who promote SIDS risk reduction efforts, said Dr. Rachel Moon, the lead author. She is a pediatrician at Children's National Medical Center in Washington. Her data on SIDS deaths from January 1995 to June 1997 appear in the August issue of Pediatrics, published Monday by the American Academy of Pediatrics.

"Especially disturbing", Moon said, "was the finding that of children placed on their stomachs by caretakers, more than half were usually put to sleep on their backs by parents. Previous research has shown that compared with babies who always sleep on their backs, back sleepers switched to their stomachs are 20 times more likely to die of SIDS and habitual stomach sleepers are about five times more likely."

Moon and others theorize that habitual back-sleepers are more vulnerable because they don't develop upper body strength as early as stomach sleepers, who have to lift their heads or arms to see what's around them. SIDS deaths in child-care ranged from a high of 40 percent of all SIDS deaths in Minnesota to a low of 9 percent in Florida, with an average of 20.4 in all 11 states. The other states in the study were Arizona, California, Colorado, Maryland, Massachusetts, Michigan Missouri, New Hampshire and New Jersey. Dr. John Kattwinkel, chairman of an American Academy of Pediatrics SIDS task force, called the findings "very worrisome".

"The highest risk period for SIDS is when infants are two months to five months old, which is often the time working mothers return to their jobs after childbirth," Kattwinkel said. "It's just one other bit of evidence from a national health standpoint that tells us we ought to be educating daycare centers and grandparents – as well as parents about back-sleeping," he said. SIDS deaths have decreased by about 40 percent nationwide since advocates launched the "Back to Sleep" campaign in the early 1990s.

Though its cause is unknown, SIDS resembles suffocation and parents are advised to have babies sleep on the backs to avoid blocking their airways. Soft mattresses, loose bedding, pillows and soft toys also should be kept out of cribs.

Some advocates, like the SIDS Alliance, even go so far as to advise against putting any blankets in cribs and instead say babies should sleep in one-piece "sleepers" in cold weather to stay warm. SIDS Alliance spokeswoman Phipps Cohe said all child-care providers should be required to have SIDS risk reduction education.

"Census figures indicate about 17 percent of children under one year of age are in some kind of child-caring setting," Moon said. Cohe stated "parents who leave their infants in day care should be very specific about the way you want your baby positioned to sleep. Parents need to spell it out, put it in writing if necessary."

RECIPE CORNER

Dish: Jackpots

From the kitchen of:: Learning Land Childcare Center
Martinsville, IN

Ingredients:

5 lbs. ground beef
5 pkgs. Taco seasoning
3 cups shredded mild cheddar cheese
7 cans of refrigerated biscuits (8 ct.)

Directions:

Brown the ground beef and drain off the fat. Mix in the taco seasoning as directed on the package. Place one biscuit into a well-greased muffin tin pressing against the sides and bottom. Do this with every biscuit. Fill the biscuit cups with I oz. Of the ground beef mixture. Sprinkle 1/2 oz. shredded cheese on top. Bake in a 350° oven about 10 minutes or until biscuit is brown. Makes 50 Jackpots.

Dish: Suzy's Special (Baked Beans & Smoked Sausage with Corn Muffins)

From the kitchen of: Kids Junction Child Care Center and Consignment Depot New Albany, IN

Ingredients:

4 lbs. Turkey smoked sausage preferably skinless)
6-15 oz. Cans Pork and Beans
1/2 cup light brown sugar
4-16 oz. Boxes Jiffy corn muffin mix
4 eggs
Milk

Directions:

Cut smoked sausage into 3/4" slices, then quarter. Fry until browned and drain. Add beans and slow simmer for 40-60 minutes (or longer!) to thicken a little. Follow directions on cornbread box. Using paper baking cups, fill approximately 1/2 full. Bake.
Serves approximately 50 children.

410 IAC FOODBORNE ILLNESS PREVENTION TRAINING

410 IAC 7-20 Foodborne Illness Prevention Training is required for "person(s) in charge of food service in child caring facilities at the time of inspection. All aspects of foodborne illness prevention will be covered in this training.

Use the application form to register for one of the following dates. It may be copied or torn out and submitted or faxed.

FOODBORNE ILLNESS PREVENTION TRAINING 2001 DATES:

(for child care centers and child caring institutions)

February 22, 2001
New Albany (Floyd Co.)
IU Southeast
4201 Grant Line Road
University Center - Rm. Hoosier East

February 27, 2001
Evansville (Vanderburgh Co.)
Methodist Temple
2109 Lincoln Avenue

March 15, 2001
Richmond (Wayne Co.)
I.U East
Chester Blvd. off U.S. 27
White Water Hall - Vivian Auditorium

March 21, 2001
Fort Wayne (Allen Co.)
Fort Wayne Public Library
900 Webster Street

March 29, 2001
Merrillville (Lake Co.)
Lake Co. Public Library - Merrillville
Taft and U.S. 30

April 12, 2001
Goshen (Elkhart Co.)
Walnut Hill Child Care Center
1201 S. 11th Street - Goshen

May 17, 2001 (class full)
Indianapolis (Marion Co.)
Conference Room B
Indiana Government Center South
402 W. Washington Street

July 18, 2001
Indianapolis (Marion Co.)
Training Center - Training Room 6
Indiana Government Center South
402 W. Washington Street

REGISTRATION: 9:30 A.M.
TRAINING: 10:00 A.M. - 3:30 P.M.
(Local time at each site)

410 IAC FOODBORNE ILLNESS PREVENTION TRAINING REGISTRATION FORM

COMPLETE, DETACH & RETURN THIS PORTION TO:
Child Care Health Section, Division of Family and Children,
402 West Washington Street, Room W386, Indianapolis, IN 46204,
ATTN: Gary Rogers, R.E.H.S. or Fax to 317/234-1513.

Name of Facility_____

Address_____City_____State_____Zip_____County_____

Phone Number_____

Type of Facility (CIRCLE ONE): Licensed Child Care Center / Child Caring Institution / Private Secure Facility

DUE TO LIMITED SPACE, ONLY TWO (2) PERSONS PER FACILITY SHOULD ATTEND.

Persons Attending: (Please Print Clearly) Name_____Title_____

Name_____Title_____

Location and Training Date You Will Be Attending:

Date_____Location_____

This form must be received one week prior to requested training date.
You will be notified **ONLY** if training spaces are filled and you must select another date.

ANNOUNCING

Indiana's Early Childhood Community Events Calendar: One Stop Shopping for Training Events

http://129.79.180.15/calendar/date.lasso

This web site now lists training events for everyone in Indiana's early childhood community including:

- early educators and child care providers,
- early intervention, early childhood special education, and health care service providers,
- training organizations, colleges, and universities with programs that educate those who work with young children, and
- sponsoring agencies.

Take a look at the web site listed above to see what's available to you!

In March, come visit the Events Calendar demonstration at the 2001 Indiana Early Childhood Conference. The demonstration will be running in the Information Display area of the Exhibits. The web site is hosted by the Early Childhood Center at the Indiana Institute on Disability and Community. http://www.iidc.indiana.edu/~ecc/

To list an event now, contact afcross@indiana.edu or call Alice Frazeur Cross (812)855-6508.

NEW UNIVERSAL PRECAUTIONS TRAINING TAPE

Now available titled:

"Infection Control in Child Care Settings"

This tape is part of the Indiana Child Care Collection and may be purchased for $25 through Ball State University at 1-877-550-4455.

NOTICE

Child Care Health Section and Child Care Licensing Section have a new FAX Number:

317-234-1513

James Hmurovich, Director,
Division of Family and Children announces:

NEW TIERED REIMBURSEMENT RATES

In recent years the need for child care has increased. It is estimated that 65% of workers in Indiana currently require child care. Making quality child care affordable, available, and accessible are the components of our child care strategy. Federal regulations require Indiana to perform market surveys and adjust reimbursements accordingly to ensure families receiving federal subsidies for child care have equal access to high quality child care providers.

The Division of Family and Children supports the commitment to increase licensed capacity and to raise the quality of care for all children by adopting a new tiered reimbursement methodology. The four tiered reimbursement plan for CCDF vouchers are as follows:

Tier One:

The market rates for Legally Licensed Exempt care will be adjusted to help providers comply with the proposed minimum standards. The new rates will reflect a 5% increase from current rates, not to exceed the licensed rate for the category of care. Registered ministries and school age care provided in school buildings are included as legally licensed exempt facilities.

Tier Two:

This tier allows registered child care ministries the opportunity for an additional 5% rate increase based on participation in the Voluntary Certification Program (VCP). The VCP program was established several years ago to support ministries that intend to move to a higher level of care. Ministries interested in the VCP program may contact their Child Care Health Section consultant or call 317-233-5414. Ministries wanting technical assistance may contact Pam Benion at 1-800-423-1498.

Tier Three:

The new market rates for Licensed Care have been established at the 75th percentile of the market rate. This rate is based on data from a 2000 market rate survey of licensed providers in your county.

Tier Four:

The addition of a new tier of rates for National Accreditation recognizes that these sites will represent the highest quality of care. National accreditation is a voluntary process. The new market rates for accredited care have been established at 10% above the licensed care rates.

During the next two weeks, the new child care market rate table per county will be distributed. The new rates are to be implemented effective May 1, 2001 as families are re-certified at six month eligibility reviews. Child care reimbursement is to be made for the provider's actual charge for care up to these maximum reimbursement rates.

I wish to express my appreciation to all providers who contributed input into the development of the new rates. Thank you for your ongoing commitment to the quality of life for our children.

SETTING THE MEALTIME ENVIRONMENT FOR SAFE AND SUCCESSFUL EATING

Janice Fletcher and Laurel Branen, University of Idaho

PROVIDE APPROPRIATE SPACE
Young children are learning to control their muscles, especially their hand muscles. They need plenty of space to balance food, drink, and eating utensils. Make sure there is adequate "personal space" for each of the children. Be sure to clean surfaces including sides of and under tables where children "hold on."

PROVIDE PRACTICE WITH CHILD SIZED UTENSILS
Motor control is a major developmental task of young children. They are working on balance, strength, and endurance. Assist children to increase skills by giving them practice with spoons, forks, knives, and serving utensils. Use child-sized eating utensils and equipment. Be patient near the ends of meals when children's muscles are tired.

PROVIDE FOODS THAT CHALLENGE EATING SKILLS
Offer foods to spread, cut, break, spear, or spoon from a bowl. This variety allows children to gain skills. Caution: expect children to have varying degrees of ability. Children should PRACTICE these skills before competence is expected. Be sure the food comes from the kitchen served in a way that does not frustrate the children.

MAKE SURE ADULTS EAT WITH CHILDREN
Adults are role models for using utensils, choosing and eating foods, and behaving in socially acceptable ways at the table. They help shape children's eating behavior. Adults elaborate and embellish on children's "food" vocabularies. Adults help children trust the eating environment by making sure they are safe both physically and psychologically.

HELP CHILDREN LISTEN TO THEIR INTERNAL CONTROLS ON HOW MUCH OR WHETHER TO EAT
Let children eat until they are full, rather than setting limits on how much they eat. Sometimes we erroneously feed children in groups using a principle of equality. This translates to the rule that each child gets equal amounts. Such equality is not fair. Fairness in feeding children should be based on letting children's natural body cues tell then when they are full. What is fair is to trust that children will eat as much as they need.

PAY ATTENTION TO THE AUDITORY ENVIRONMENT
Be thoughtful about remarks made about food and amounts of food. Remember that children do not screen sounds as adults do. They hear everything. Children are distracted by and influenced by casual conversations in the room.

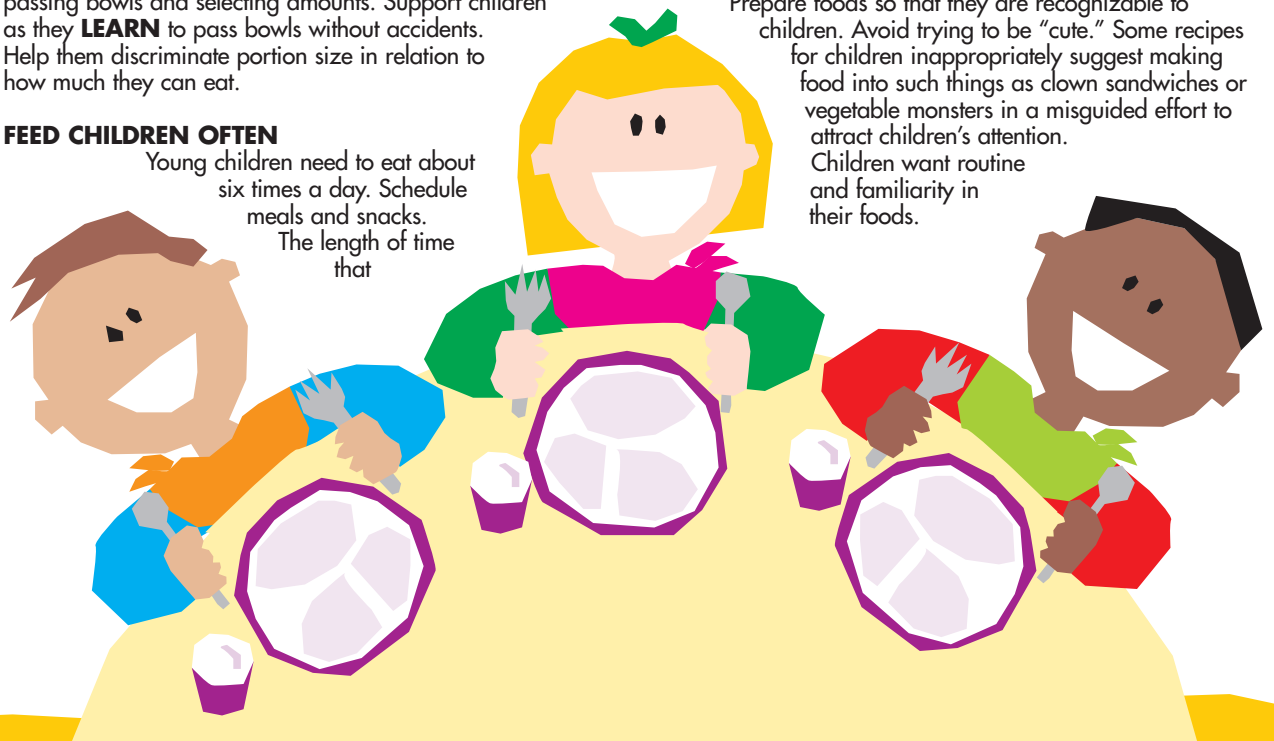
TRUST CHILDREN TO EAT AS MUCH AS THEY NEED
Resist forcing children to clean their plates. When people are forced to eat beyond what their brains tell them is enough, they learn to overcome their bodies' hunger and satiety cues. Be careful of subtle forcing, no matter how gentle or kind-hearted.

LET CHILDREN SERVE THEMSELVES
Children waste less when they are given the opportunity to choose how much they will have. Let them serve themselves rather than depend on adults (who may heap food on unwilling children's plates). As children first serve themselves in family style service, they are beginning to use skills for passing bowls and selecting amounts. Support children as they **LEARN** to pass bowls without accidents. Help them discriminate portion size in relation to how much they can eat.

FEED CHILDREN OFTEN
Young children need to eat about six times a day. Schedule meals and snacks. The length of time that children may continue to eat should be flexible. Remember that some children' on certain days, take longer to eat than the group. Some foods take longer to eat than others. A chewy bagel takes longer to eat than pudding!

SET THE ENVIRONMENT SO THAT CHILDREN DO NOT WAIT TOO LONG
Since young children are learning to delay gratification, they have greater difficulty than older children do in waiting their turns. They are working on taking turns and sharing as well as the omnipresent "table manners." In group settings where children serve themselves, be alert to how long children must wait to eat. Delay putting food and drink on the table until you are ready for the children to begin serving themselves. Offer enough bowls of food or pitchers of drink so that children have limited waiting periods.

PRESENT FOOD THAT IS COMMONLY KNOWN TO CHILDREN. RELATE NEW FOODS TO THOSE THE CHILDREN ALREADY KNOW
Prepare foods so that they are recognizable to children. Avoid trying to be "cute." Some recipes for children inappropriately suggest making food into such things as clown sandwiches or vegetable monsters in a misguided effort to attract children's attention. Children want routine and familiarity in their foods.



Q & As
FROM THE REFEREE

Q: I have several bathrooms in my child care facilities that are never used by children or staff. Can I use them for storage of supplies, cots, and equipment?

A: NO! Bathrooms in licensed child care facilities are to be used only as toilet rooms. Licensing capacities are determined using the total number of toilets and sinks available for use and by the total square footage of usable space. Using a bathroom as a storage room voids that bathroom, and may decrease your facility's overall capacity. Child Care Health Section Consultants cite any bathrooms being used for storage. Bathrooms cluttered with storage items cannot be maintained clean and sanitary and available for use.

Q: Who can provide Universal Precautions (UP) training to child care staff?

A: OSHA requires that all employees with possible occupational exposure to blood or other potentially infectious material receive UP training before the individual is given an assignment and annually thereafter. A staff member who has received training from someone who is knowledgeable in the subject matter (nurse, physician, police officer, fireman, and paramedic/EMT, Red Cross, etc.) may train other staff members. Training must be documented and, at a minimum, it must include a video or other presentation on the basic knowledge of bloodborne diseases and a presentation on specific Universal Precautions related to the employee's responsibilities.

UPCOMING EVENTS

NEW APPLICANT TRAINING:

(for proposed child care centers, registered ministries, group homes and child care institutions)

March 7, April 4, May 2, June 6, July 11, August 1, September 5, October 3, November 7, December 5, 2001.

Indiana Government Center South - Training Center, Rm. W141
1-877-511-1144.

FOODBORNE ILLNESS PREVENTION TRAINING:

(child care centers and child care institutions)

Mar. 15 - Wayne Co., Mar. 21 - Allen Co., Mar. 29 - Lake Co., April 12 - Elkhart Co., May 17 - Marion Co., July 18, 2001 - Marion Co.

317-233-5412 Fax: 317-234-1513

Family and Social Services Administration
402 W. Washington
Indianapolis, Indiana 46204